



February 18, 2014

Insurance and Real Estate Committee
Room 2800, Legislative Office Building
Hartford, CT 06106

Dear Co-Chairman Crisco and Co-Chairman Megna,

The US Pain Foundation is based in Middletown, Connecticut. We have more than 35,000 members throughout the country – more than 1,500 from Connecticut. Please register our support to reforming step therapy in Connecticut.

Health care providers with direct knowledge of their patient's medical condition and history are in the best position to determine when a medication will be safe and effective. Decisions should be made focused on care not cost. However, there currently is no specific mechanism for a health care provider in Connecticut to exempt a patient from an inappropriate step therapy protocol. Connecticut should establish a mechanism to ensure patients can be exempted from potentially harmful, and therefore costly, step therapy protocols.

Under step therapy, an insurer withholds coverage for a prescribed drug until after the patient has achieved "failure" on a different drug selected by the insurer. As an organization, we applaud Senator Crisco for taking the lead on this important patient protection issue. We support legislation that would extend the same protections passed by the Connecticut General Assembly last year currently afforded to Connecticut Medicaid patients to commercially insured patients, and respectfully request the friendly substitution language attached to my testimony be considered. The substitution language would establish a method for exempting patients from step-therapy requirements when medically necessary and would set a 30-day limit on how long patients can be forced to try a drug.

Contrary to what you may hear through this hearing process, I want you to be aware of what such legislation would and would NOT do and I urge you to confirm this with the insurers. As with the protections that currently apply to Connecticut Medicaid patients, the language we propose does not prevent insurance companies from using step-therapy protocols. It does not limit the number of drugs a patient must try ("steps"). It does not prevent insurers from requiring prior authorization before covering a drug. It does not affect mandatory generic substitution at the pharmacy. And, finally, it does not affect insurers' ability to use tiered co-pays for drugs.

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The language would: 1) provide a framework for exempting patients from potentially harmful and costly step therapy protocols; and 2) establish a limit on the duration patients could be required to try medications not recommended by their health care provider.

Working with Senator Crisco, the US Pain Foundation was successful in advocating for passage of a step therapy for pain management bill in Connecticut which was signed into law in 2011 and went into effect January 2012. We have seen the positive effects of this bill in patients dealing with pain. People with pain are getting the appropriate medications their doctors feel are best, which is resulting in lower costs to the health care system. Step therapy programs without basic patient protections contribute to this waste of limited health care resources.

In summary, U.S. Pain Foundation advocates for policies that put prescribing power back in the hands of physicians in charge of a patient's care. It is essential that patients receive the drug treatment prescribed by their physicians – not their insurers. Patients in Connecticut should not suffer needless consequences due to step therapy practices. Unfortunately, in too many cases, patients are forced to pay cost-sharing for the first steps of therapy and for additional medical visits as well as suffer physically and be put at risk because effective treatment is delayed.

Thank you for your time and consideration. I urge your support for the friendly substitution language I have outlined for you today.

Respectfully Submitted,

Paul Gileno
President
US Pain Foundation

Cc: All members of the Insurance and Real Estate Committee



Substitute Language
SECTION 1. (NEW)

(a) As used in this section, "step-therapy" means any protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition are to be prescribed.

(b) Each health insurance policy, contract, agreement, plan or certificate of insurance of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state that provides coverage for prescription drugs and uses step-therapy shall require that the prescribing practitioner, when medications for the treatment of any medical condition are restricted due to the step therapy program, has access to a clear and convenient process to expeditiously request an override of such restriction. An override of such restriction shall be expeditiously granted whenever the prescribing physician demonstrates that: (1) The preferred treatment required under step therapy has been ineffective in the treatment of the patient's medical condition in the past; (2) the drug regimen required under the step therapy program is expected to be ineffective based on the known relevant physical or mental characteristics of the patient and the known characteristics of the drug regimen; (3) the preferred treatment required under the step therapy program will cause or will likely cause an adverse reaction or other physical harm to the patient; or (4) it is in the best interest of the patient to provide the recommended drug regimen based on medical necessity.

(c) The duration of any step therapy program requirement shall not be longer than a period of thirty days, after which time the prescribing practitioner may deem such treatment as clinically ineffective for the patient. When the prescribing practitioner deems the treatment to be clinically ineffective, the drug prescribed and recommended by the practitioner shall be dispensed and covered under the patient's insurance.